TOWN of BEAVERLODGE

Private Sewage Disposal Permit Application

400 - 10 ST, Beaverlodge, AB TOH OCO Phone:
780.354.2201 Fax: 780.354.2207
www.beaverlodge.ca

Permit Number: **PRPSW** Roll Number:

Application Date: Development Permit Number:

Permit Type: ☐ Owner ☐ Contractor Building Permit No.:

Other Permits/Applications Required: ☐ Development ☐ Building ☐ Electrical ☐ Plumbing ☐ Gas

Landowner:

Mailing Address:

City: Province:

Postal Code: Phone:

Fax: E-mail:

Applicant:

Mailing Address:

City: Province:

Postal Code: Phone:

Fax: E-mail:

Contractor Name:

Mailing Address:

City: Province:

Postal Code: Phone:

Fax: E-mail:

Certified Installer/Journeyman's Name:

Certified Installer/Journeyman Number:

Legal: Lot: Block: Plan:

Part of: 1/4 Sec: Twp: Rng: W6M

Civic/Rural Address:

Subdivision Name:

Estimated Start Date: Estimated Completion Date:

Type of Work: ☐ New Work ☐ Renovation ☐ Connection ☐ Temporary
☐ Camp ☐ Other

Please check all that apply

Intended Use: ☐ Agricultural ☐ Residential ☐ Commercial ☐ Industrial
☐ Institutional ☐ Other

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Permit Number: **PRPSW** Roll Number:

System Design Criteria **(please complete all applicable items)**:

☐ New Installation ☐ Alteration

Volume of Effluent: _____ ☐ m^3/day ☐ gallons/day ☐ litres/day

Components Used:

- ☐ Packaged Sewage Treatment Plant
- ☐ Open (Surface) Discharge
- ☐ Sewage Lagoon
- ☐ Sand Filter
- ☐ At Grade **(Variance Required)**
- ☐ Septic Tank Size:
- ☐ Holding Tank Size:
- ☐ Disposal Field Size:
- ☐ Treatment Mound Size:
- ☐ Other Initial Treatment Size:
- ☐ Other Final Disposal Method Size:

***Please check all that apply**

Description of Work:

Permit Applicant Declaration: The permit applicant hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations, all applicable Codes, and Municipal Bylaws. Work shall commence within 90 days from the date of the issuance of the permit and expires in accordance with the Town of Beaverlodge's Uniform Quality Management Plan (QMP) without extension request. If the work authorized by the permit is suspended or abandoned for a period of 120 days at any time after the work has commenced, the permit will expire.

Personal information collected on this form will be used for the purpose of processing the application(s). This collection is authorized by Section 4(c) of the Protection of Privacy Act and section 642 of the Municipal Government Act and/or the Safety Codes Act. The information collected will be subject to the Access to Information Act and may be available to the public via Council meeting attendance or Council discussions that are video recorded and available to the public on the County website. If you have any questions on the collection and use of the information; please contact the Access and Privacy Representative at 780-354-2201.

I hereby certify that I am the owner or owner's agent of the property for this application. I have read and understood the statements printed on this form. I agree to all applicable laws in this jurisdiction.

Applicant Name (Please Print) Applicant Signature

Application Fee:	**Beaverlodge Portion of Permit Fee:**	
	COUNTY Portion of Permit Fee:	**BLPF**
	Penalty:	
	Permit Fee Subtotal:	
	Safety Codes Council Levy:	**CR95**
	Other Fee:	
	Total Fee:	
Payment Method:	☐ **Cash** ☐ **Debit** ☐ **Cheque** ☐ **Money Order** ☐ **Invoice**	